



# Diabetes Care: “Taking It to the Limit One More Time”

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With this January 2017 issue, our editorial team celebrates its 5-year anniversary at the helm of *Diabetes Care*. In 2012, when we accepted the assignment to oversee the scientific aspects of the journal, we envisioned that the editorial for this January 2017 issue would be our opportunity to thank the American Diabetes Association (ADA) for allowing us to lead this effort, to thank our reviewers and associate editors for their tireless efforts, and to thank the readers for their valuable suggestions and ideas. However, we are now writing to inform you that those plans have been put on hold. Our editorial team has been given the opportunity to continue to guide *Diabetes Care* for another 2-year period. We have accepted the invitation primarily because our “team” (including the editorial committee, editorial office, and publications staff) feels we still have creative ideas to make the journal better and considerable energy to bring these ideas to fruition. Therefore, suffice it to say, we remain honored to continue to lead *Diabetes Care* for this extended period.

It has been our custom to summarize our productivity and achievements in both the January and June issues of each year. This year we believe the trajectory of quality continues to rise. We hope you will also agree when reading the summary presented in this narrative. We feel each year’s monthly issues have surpassed the prior year’s work, and year 2016 is no exception! As we described in July of 2016, we aim to provide the readers with lagniappe—“a little something extra”! (1).

This past year the editorial team took our initiative to another level devoting several monthly issues to specific clinical or research topics. A current summary of all thematic monthly issues can be found in our *Diabetes Care* Online Collections (<http://care.diabetesjournals.org/content/diabetes-care-online-collections>). In the past year alone, we have published collections of articles on six particular topics. The January 2016 issue focused on gestational diabetes mellitus, the May issue on diabetes and cardiovascular disease, the July issue on the artificial pancreas, and the November issue on precision medicine. Two monthly special issues were particularly noteworthy as they provided a “first” in each particular field. The December 2016 issue of *Diabetes Care* presented nine articles on a broad spectrum of behavioral and psychosocial issues that can influence treatment success and quality of life for people living with diabetes (2). Central to this topic, and serving as the cornerstone of that issue, was the first Position Statement from the ADA for the psychosocial care of people with diabetes (3). Another “first” was presented in the June issue, which featured 12 articles supporting bariatric/metabolic surgery as a new treatment option in the management of type 2 diabetes (4). The centerpiece of this collection was a contribution from Rubino et al. (5), writing on behalf of 48 voting delegates from the 2nd Diabetes Surgery Summit (DSS-II). This international consensus conference, organized in collaboration with major diabetes organizations, proposed new evidence-based guidelines for surgical treatment of type 2 diabetes, the first in over 20 years of experience. The report summarized a large body of evidence demonstrating that several gastrointestinal operations, originally designed to promote weight loss, improved glucose homeostasis more effectively than any current pharmaceutical or behavioral approach and led to sustained improvement of glycemic control in many patients with type 2 diabetes (5). *Diabetes Care* was honored to be the journal chosen to disseminate these important and new treatment guidelines, which promise to help medical providers and patients alike in assessing treatment options!

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Our journal's most visible signature event, the *Diabetes Care* Symposium held each year during the ADA Scientific Sessions, has become one of the most attended sessions during the Scientific Sessions.

This year we once again revised the format and content of this event. Our efforts were rewarded by the enthusiasm of the attendees, of whom more than 3,000 were present at the end of the session. The symposium featured two talks on precision medicine, covering both initiatives from the National Institutes of Health (NIH) (6) and efforts specific to diabetes (7). Also presented were two stellar talks by Ferrannini et al. (8) and Mudaliar et al. (9), which provided novel and complimentary proposals regarding a possible role for ketone bodies as fuel for injured myocardial and renal tissues, which might in part explain the surprising cardiovascular protection demonstrated by the BI 10773 (Empagliflozin) Cardiovascular Outcome Event Trial in Type 2 Diabetes Mellitus Patients (EMPA-REG OUTCOME) trial. Each year in this session we also include presentations based on articles judged by the editorial committee as the "Best of *Diabetes Care*" for the journal for the past year. One of this year's selections was an article from Chew and colleagues (10), on behalf of the Action to Control Cardiovascular Risk in Diabetes Follow-On (ACCORDION) Eye Study Group and the Action to Control Cardiovascular Risk in Diabetes Follow-On (ACCORDION) Study Group, reporting that prior intensive glycemic control continued to reduce diabetic retinopathy progression after return to standard therapy at the end of randomized treatment in the ACCORD Study. The other "Best of *Diabetes Care*" presentation was a report from Purnell et al. (11) describing metabolic remission rates following laparoscopic surgery from the Longitudinal Assessment of Bariatric Surgery-2 (LABS-2) study.

During the past year, and at each quarter, we have continued to acknowledge and recognize the lives and careers of individuals who have devoted their lives to diabetes research and care in our Profiles in Progress series. These individuals have shaped the diabetes landscape for generations to come through their scientific and clinical contributions in the field of diabetes and,

just as importantly, in their roles as mentors and role models for all of us in their professional and personal lives. Our Profiles in Progress plaque recipients for 2015–2016 were Trevor Orchard, Philip E. Cryer, Abbas E. Kitabchi, and Maria Gordon Buse, who were featured in our September and December 2015 and March and June 2016 issues, respectively (12–15).

In addition to original articles from investigators, *Diabetes Care* publishes narratives and updates that provide added value to our readers. As the clinical care and research journal of the ADA, we were privileged to publish the 2015 and 2016 Presidential Addresses from Drs. Dagogo-Jack and Schatz, the 2016 Health Care & Education Presidential Address from Dr. Margaret A. Powers, and the 2015 Kelly West Award Lecture from Dr. Narayan, all presented at the Scientific Sessions (16–19). Also in 2016, we disseminated the ADA Position Statements on management of diabetes in long-term care and skilled nursing facilities (20) and on physical activity/exercise and diabetes (21). A narrative of great interest on a topic of tremendous importance to the medical community, published in September, was the ADA Consensus Report on the current status, challenges, and priorities for youth-onset type 2 diabetes (22).

During the past year, *Diabetes Care* published a number of challenging Perspectives in Care articles that address clinically relevant and controversial topics. We view Perspectives as expert narratives that highlight recent exciting research, not primarily that of the author, and provide context for the findings within a field or through interdisciplinary significance. In the past year we published a Perspective on whether the time is right for a new classification system for diabetes and also a thought-provoking one on current clinical challenges and proposed solutions for youth with type 2 diabetes (23,24). Glucose variability remains a priority topic and in the April issue, Kovatchev and Cobelli (25) provided their thoughts on its timing, risks, and relationship to hypoglycemia. Another Perspective by Welsh et al. (26) addressed the utility of glycosylated proteins in the diagnosis and management of diabetes, commenting on research gaps and future directions.

Our journal also takes pride in the quality of its Reviews. Before a review

is even considered, a proposal from the authors must be submitted and approved by the editorial committee. The proposal must outline why the proposed topic deserves a systematic review of the literature, why such a review would be best suited for *Diabetes Care*, and why it would appeal to the readership. Only after editorial committee approval are the authors invited to write and submit the full narrative, and then it has to survive the peer-review process. Thus, when a review is published in *Diabetes Care*, the reader can be assured it has been carefully vetted and can expect its quality and depth of discussion will be excellent. In the March issue we published an outstanding review of diabetes in Asia and the Pacific and the implications of the global epidemic (27). In April, we presented a review on type 1 diabetes and polycystic ovary syndrome (28) and, in October, an in-depth discussion of the mechanisms and therapeutic opportunities concerning fatty liver and chronic kidney disease (29). In November, White et al. (30) reviewed the pathologic basis of reversible  $\beta$ -cell dysfunction in type 2 diabetes. In addition to the Reviews, we published our 4th Annual *Diabetes Care* Editors' Expert Forum that provided the most up-to-date thoughts, comments, concerns, and direction on diabetes prevention from the world leaders and investigators of the landmark prevention trials (31).

Another popular feature in *Diabetes Care* is our Point-Counterpoint debate format. This category juxtaposes a narrative that defends a certain position in clinical treatment and/or diagnosis with a thoughtfully written opposing view. The best topics for this format are areas where scientific evidence is limited or conflicting, and thus clinical care must be guided largely by expert consensus or experience. In the July issue, we provided a discussion on the pros and cons of relaxing the renal restrictions for metformin use (32,33). The August issue featured two debates. One centered on whether we do or do not need to consider the clinical implications for racial differences in A1C. This is not a trivial issue given its implications for diagnosing and managing diabetes in different ethnic populations (34,35). Also, given the controversy surrounding the acceptance of the lower cut points

for A1C and fasting glucose in the diagnosis of prediabetes as suggested by the ADA, the same issue included a debate on the implications and heightened awareness of prediabetes (36,37).

Finally, in our attempt to continue to innovate and provide updated educational messages for our readers, we added an exciting new article category and format to the journal called Clinical Images in Diabetes. A Clinical Images article provides visual images obtained with modern techniques to illustrate the pathogenesis of diabetes or its complications. This category serves as a valuable educational tool to better understand the pathophysiology of diabetes, enhance disease diagnosis, and offer guidance for optimized treatment. Our first Clinical Images in Diabetes contribution on a presumptive diagnosis of type 1 diabetes appeared in the July issue (38), and a second on a diagnostic dilemma was reported in the August issue (39).

In summarizing the past year's work, we feel it continues to demonstrate our upward trajectory. We are very proud of each monthly issue, pleased with the recent innovations, and thrilled with the quality, diversity, and depth of the material we have approved for publication. It is very satisfying to us that this past year we received the highest impact factor ever in the history of the journal. So, despite being at the helm of *Diabetes Care* for 5 years, we are not relinquishing the "tiller" at this time. Instead, we've decided, as the rock band the Eagles sang in 1975, to "take it to the limit one more time"!

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Officer of the ADA, for his stance in allowing us complete editorial freedom.

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